



REQUEST FOR SAILOR/MARINE AMERICAN COUNCIL ON EDUCATION REGISTRY TRANSCRIPT

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY 10 USC, Section 4302.
ROUTINE USES Upon initiation of individual.
PRINCIPAL PURPOSES To enable the Sailor/Marine American Council on Education Registry Transcript (SMART) System to access its computerized files, retrieve data, and produce a transcript for forwarding to individual or other addressee designated by the individual. Use of Social Security Number (SSN) is necessary to make positive identification of individual and records.
DISCLOSURE Voluntary. Failure to provide required information will complicate, delay, and/or prevent administrative actions needed to produce the transcript and forward it to desired addressee.
ELIGIBLE (1) Active duty and Reserve Sailors/Marines
 (2) Sailors/Marines who separate/retire on or after 1 Oct 99

MAIL TO - NETPDTC, Navy College Center, Code N2A5, 6490 Saufley Field Rd, Pensacola, FL 32509-5204
FAX TO - DSN 922-1281 COM: 850-452-1281 **QUESTIONS** - DSN 922-1828 or 1-877-253-7122 **COM: 850-452-1828**
WEB SITE - <http://www.navvcollege.navy.mil> **E-MAIL** - ncc@smtp.cnet.navy.mil

PRIVACY ACT INFORMATION - PLEASE TYPE OR PRINT LEGIBLY

1. SOCIAL SECURITY NUMBER		2. NAME (Last, First, Middle Initial, Other names used)	
3. CURRENT RATE/RANK	4. DATE OF BIRTH	6. SIGNATURE	
6. BRANCH OF SERVICE (Circle One)		7. CURRENT STATUS (Circle One)	
		 What month/year did you separate? ____/____	
		8. HOW DO WE CONTACT YOU?	
		HOME PHONE (____) _____	
		WORK PHONE (____) _____	
		E-Mail _____	
9. FOR MY PERSONAL COPY, SEND TO:		10. FOR OFFICIAL COPY, SEND TO THE FOLLOWING EDUCATIONAL INSTITUTION:	
NAME: _____		NAME OF EDUCATIONAL INSTITUTION: (No abbreviations)	
ADDRESS: _____		_____	
CITY, STATE: _____		ADDRESS: _____	
ZIP +4: _____		CITY, STATE: _____	
NOTE: Personal copies can also be obtained at your Navy College Office or Marine Corps Education Center.		ZIP +4: _____	
		ATTN: _____	

FOR OFFICIAL USE ONLY

REMARKS/NOTES

PRINTED NAME AND SIGNATURE OF SMART OFFICE EMPLOYEE

DATE